



**STATE OF NORTH CAROLINA**  
**OFFICE OF STATE BUDGET AND MANAGEMENT**


BEVERLY EAVES PERDUE  
GOVERNOR

ANDY WILLIS  
STATE BUDGET DIRECTOR

October 6, 2011

MEMORANDUM

TO: Senator Phil Berger, President Pro-Tempore of the Senate  
Representative Thom Tillis, Speaker of the House of Representatives

FROM: Andy Willis   
State Budget Director

SUBJECT: Consultation on Expenditure of Grant Awards

Pursuant to Section 5.2 of Session Law 2011-0145 (House Bill 200), the Office of State Budget and Management is to report to the Joint Legislative Commission on Governmental Operations prior to expending funds received from grant awards. Funding is anticipated to be received and expended for grants included in the attached Notifications of Application for Grant Funds/Awards.

If you have any questions or concerns, please contact me by telephone 919-807-4717 or email to [andy.willis@osbm.nc.gov](mailto:andy.willis@osbm.nc.gov).

Thank you.

AW\kl

## Notification of Application for Grant Funds/Awards, 2011-12

Office of State Budget and Management, 116 West Jones Street, Raleigh, NC 27603-8005, 919-807-4700.  
Instructions at [http://www.osbm.state.nc.us/files/pdf\\_files/grants\\_instr.pdf](http://www.osbm.state.nc.us/files/pdf_files/grants_instr.pdf)

|   |  |
|---|--|
| 1 Department .....  | Department of Crime Control and Public Safety            |
| 2 Division (except in DHHS) .....   | Emergency Management                                     |
| 3 DHHS only, choose division from drop down list .....  |  |
| 4 Contact person (name) .....   | Joe Stanton  |
| 5 Phone number .....  | 919-715-8000 ext 314                                     |
| 6 E-mail .....  | jstanton@ncem.org  |
| 7 Funding Entity (grantor) .....  | FEMA   |
| 8 CFDA number .....   | 97.042   |
| 9 Grant title .....   | Hurricane Irene FEMA DR-4019                             |
| 10 Grant application deadline (MM/DD/YY) .....  | 09/30/11   |
| 11 Start date of grant (MM/DD/YY) .....   | 08/31/11   |
| 12 End date of grant (MM/DD/YY) .....   | 08/31/17   |
| 13 Application type .....   | New  |
| 14 Is this grant already in agency's continuation budget?   | No   |
| 15 Budget code the grant will be expended in (XXXXX) .....  |  |
| 16 Fund code (XXXX or NA) .....   | 4702   |
| 17 Is there a state matching requirement?   | Yes  |
| 18 If yes, what is the matching requirement?  | 75% Fed 25% State  |
| 19 If yes, what is the source of state funds being used to match grant funds?                       | Special or Trust Fund                                    |
| 20 Is there a maintenance of effort (MOE) requirement?  | No   |
| 21 If yes, what is the MOE?   |  |
| 22 Is an additional General Fund appropriation required to meet the state match requirement?        | No   |
| 23 Will any of these funds be passed through to local governments or non-state entities?            | Yes  |
| 24 If yes, identify affected entities by type .....   | local govt AND private non-profit AND other state agency |
| 25 Will additional state monies be required to continue the program if grant expires or is reduced? | No   |
| 26 If yes, is this a requirement of the grant?  |  |
| 27 Are new FTEs funded through the grant?   | No   |

|   | SFY 2010-11<br>Actual   | For 2011-12<br>Complete either Authorized or Proposed |          | SFY 2012-13<br>Proposed | SFY 2013-14<br>Proposed | SFY 2014-15<br>Proposed |
|---|---|---|----------|-------------------------|-------------------------|-------------------------|
|   |   | Authorized  | Proposed |                         |                         |                         |
| 27 If yes, give the number by type for each year: Permanent |   |   |          |                         |                         |                         |
| 28 Amount of grants funds applied for in each year          |   |   |          |                         |                         |                         |
| 29 Amount of grants funds awarded in each year              |   | \$75,000,000.00                                       |          |                         |                         |                         |
| 30 Purpose of grant or amendment                            |   | \$75,000,000.00                                       |          |                         |                         |                         |
| 31 Comments   | To reimburse eligible Applicants for damage associated with Hurricane Irene |   |          |                         |                         |                         |

Return completed form as email attachment and indicate in message that proper agency sign-offs have been obtained. Contact your OSBM budget analyst if you have questions.

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|    |   |
|----|---|
| 1  | Department (except in DHHS).....  |
| 2  | Division (except in DHHS).....<br>DHHS only, choose division from drop down list.                         |
| 3  | Contact person (name) .....   |
| 4  | Phone number .....  |
| 5  | E-mail .....  |
| 6  | Funding Entity (grantor) .....  |
| 7  | CFDA number.....  |
| 8  | Grant title .....   |
| 9  | Grant application deadline (MM/DD/YYYY) .....   |
| 10 | Start date of grant (MM/DD/YYYY) .....  |
| 11 | End date of grant (MM/DD/YYYY) .....  |
| 12 | Application type .....  |
| 13 | Is this grant already in agency's continuation budget?  |
| 14 | Budget code the grant will be expended in (XXXXX) .....   |
| 15 | Fund code (XXXX or NA) .....  |
| 16 | Is there a state matching requirement?  |
| 17 | If yes, what is the matching requirement? .....   |
| 18 | If yes, what is the source of state funds being used<br>to match grant funds .....                        |
| 19 | Is there a maintenance of effort (MOE) requirement?   |
| 20 | If yes, what is the MOE? .....  |
| 21 | Is an additional General Fund appropriation required to meet<br>the state match requirement? .....        |
| 22 | Will any of these funds be passed through to local govern-<br>ments or non-state entities? .....          |
| 23 | If yes, identify affected entities by type .....  |
| 24 | Will additional state monies be required to continue the<br>program if grant expires or is reduced? ..... |
| 25 | If yes, is this a requirement of the grant? .....   |
| 26 | Are new FTES funded through the grant? .....  |
| 27 | If yes, give the number by type for each year: Permanent<br><br>Time-Limited                              |
| 28 | Amount of grants funds applied for in each year .....   |
| 29 | Amount of grants funds awarded in each year .....   |
| 30 | Purpose of grant or amendment .....   |
| 31 | Comments .....  |

|                       |  | Department of Justice                                      |  |  |  |
|-----------------------|--|--|--|--|--|
|                       |  | Legal  |  |  |  |
|                       |  | David Elliott  |  |  |  |
|                       |  | 919-716-6780   |  |  |  |
|                       |  | <a href="mailto:delliott@ncdoj.gov">delliott@ncdoj.gov</a> |  |  |  |
|                       |  | Governor's Crime Commission                                |  |  |  |
|                       |  | DOJ Street Safe Task Force - 2011                          |  |  |  |
| 01/30/11              |  |  |  |  |  |
| 07/01/11              |  |  |  |  |  |
| 06/30/12              |  |  |  |  |  |
| New                   |  |  |  |  |  |
| No                    |  |  |  |  |  |
| 23600                 |  |  |  |  |  |
| 2508                  |  |  |  |  |  |
| Yes                   |  |  |  |  |  |
| \$22,865.04           |  |  |  |  |  |
|                       |  |  |  |  |  |
| Special or Trust Fund |  |  |  |  |  |
| No                    |  |  |  |  |  |
| No                    |  |  |  |  |  |
| No                    |  |  |  |  |  |
| No                    |  |  |  |  |  |
| No                    |  |  |  |  |  |
| No                    |  |  |  |  |  |
| No                    |  |  |  |  |  |
| No                    |  |  |  |  |  |

For 2011-12

Complete either Authorized or Proposed

| SFY 2010-11 | SFY 2011-12 | SFY 2011-12 | SFY 2012-13 | SFY 2013-14 | SFY 2014-15 |
|-------------|-------------|-------------|-------------|-------------|-------------|
| Actual      | Authorized  | Proposed    | Proposed    | Proposed    | Proposed    |
|             |             |             |             |             |             |
|             | \$91,460.14 |             |             |             |             |
|             | \$91,460.14 |             |             |             |             |

This grant will help to reduce the recidivism rate in NC by funding a coordinator to implement the recommendations of the Street Safe Task Force created in Executive Order 12 which is developing best practices for prisoner re-entry

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- 1 Department .....
- 2 Division (except in DHHS) .....  
DHHS only, choose division from drop down list.
- 3 Contact person (name) .....
- 4 Phone number .....
- 5 E-mail .....
- 6 Funding Entity (grantor) .....
- 7 CFDA number .....
- 8 Grant title .....
- 9 Grant application deadline (MM/DD/YY) .....
- 10 Start date of grant (MM/DD/YY) .....
- 11 End date of grant (MM/DD/YY) .....
- 12 Application type .....
- 13 Is this grant already in agency's continuation budget?
- 14 Budget code the grant will be expended in (XXXX) .....
- 15 Fund code (XXXX or NA) .....
- 16 Is there a state matching requirement? .....
- 17 If yes, what is the matching requirement? .....
- 18 If yes, what is the source of state funds being used to match grant funds? .....
- 19 Is there a maintenance of effort (MOE) requirement? .....
- 20 If yes, what is the MOE? .....
- 21 Is an additional General Fund appropriation required to meet the state match requirement? .....
- 22 Will any of these funds be passed through to local governments or non-state entities? .....
- 23 If yes, identify affected entities by type .....
- 24 Will additional state monies be required to continue the program if grant expires or is reduced? .....
- 25 If yes, is this a requirement of the grant? .....
- 26 Are new FTEs funded through the grant? .....
- 27 If yes, give the number by type for each year
- 28 Amount of grants funds applied for in each year
- 29 Amount of grants funds awarded in each year
- 30 Purpose of grant or amendment .....
- 31 Comments .....

|                                   |  |  |  |  |  |
|-----------------------------------|--|--|--|--|--|
| Department of Justice             |  |  |  |  |  |
| Justice Academy                   |  |  |  |  |  |
| Kris Merithew                     |  |  |  |  |  |
| 828-685-3600 x 227                |  |  |  |  |  |
| kmerithew@ncdoj.gov               |  |  |  |  |  |
| Governor's Highway Safety Program |  |  |  |  |  |
| Traffic Enforcement FY 11-12      |  |  |  |  |  |
| 01/30/11                          |  |  |  |  |  |
| 10/01/11                          |  |  |  |  |  |
| 09/30/12                          |  |  |  |  |  |
| New                               |  |  |  |  |  |
| No                                |  |  |  |  |  |
| 23600                             |  |  |  |  |  |
| 2559                              |  |  |  |  |  |
| No                                |  |  |  |  |  |
|                                   |  |  |  |  |  |
|                                   |  |  |  |  |  |
| No                                |  |  |  |  |  |
|                                   |  |  |  |  |  |
|                                   |  |  |  |  |  |
| No                                |  |  |  |  |  |
|                                   |  |  |  |  |  |
|                                   |  |  |  |  |  |
| No                                |  |  |  |  |  |

Complete either Authorized or Proposed

|              | SFY 2010-11 | SFY 2011-12 | SFY 2011-12 | SFY 2012-13 | SFY 2013-14 | SFY 2014-15 |
|--------------|-------------|-------------|-------------|-------------|-------------|-------------|
|              | Actual      | Authorized  | Proposed    | Proposed    | Proposed    | Proposed    |
| Time-Limited |             |             |             |             |             |             |
|              |             |             |             |             |             |             |
|              |             | \$83,690.00 |             |             |             |             |
|              |             | \$83,690.00 |             |             |             |             |

This is to provide additional training for traffic related accidents, purchase RADAR equipment to teach training on speed enforcement, and attend courses on honing the trainers ability to train.

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1 Department .....

2 Division (except in DHS) .....

3 Contact person (name) .....

4 Phone number .....

5 E-mail .....

6 Funding Entity (grantor) .....

7 CFDA number .....

8 Grant title .....

9 Grant application deadline (MM/DD/YY) .....

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20 If yes, what is the MOE? .....

21 Is an additional General Fund appropriation required to meet the state match requirement? .....

22 Will any of these funds be passed through to local governments or non-state entities? .....

23 If yes, identify affected entities by type .....

24 Will additional state monies be required to continue the program if grant expires or is reduced? .....

25 If yes, is this a requirement of the grant? .....

26 Are new FTEs funded through the grant? .....

27 If yes, give the number by type for each year Permanent

Time-Limited

28 Amount of grants funds applied for in each year .....

29 Amount of grants funds awarded in each year .....

30 Purpose of grant or amendment .....

31 Comments .....

Department of Justice

SBI

Van Shaw

919-662-4500

vshaw@ncdoj.gov

Governor's Crime Commission

NC DOJ Clandestine Laboratory Hazardous Waste Storage Container Program

01/30/11

10/01/11

09/30/12

New

No

23600

2509

No

No

No

No

No

No

No

No

For 2011-12

SFY 2010-11

Complete either Authorized or Proposed

SFY 2011-12

SFY 2011-12

SFY 2012-13

Proposed

SFY 2013-14

Proposed

SFY 2014-15

Proposed

Actual

Authorized

Proposed

Proposed

Proposed

Proposed

Time-Limited

Time-Limited

Time-Limited

Time-Limited

This will implement a Cien Lab Hazardous Waste Storage Container Program in NC, providing both short and long term solutions to the problem of hazardous waste clean-up, while realizing substantial statewide cost savings.



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- 4 Phone number .....
- 5 E-mail .....
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- 7 CFDA number .....
- 8 Grant title .....
- 9 Grant application deadline (MM/DD/YY) .....
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- 11 End date of grant (MM/DD/YY) .....
- 12 Application type .....
- 13 Is this grant already in agency's continuation budget?
- 14 Budget code the grant will be expended in (XXXX) .....
- 15 Fund code (XXXX or NA) .....
- 16 Is there a state matching requirement? .....
- 17 If yes, what is the matching requirement? .....
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- 24 Will additional state monies be required to continue the program if grant expires or is reduced? .....
- 25 If yes, is this a requirement of the grant? .....
- 26 Are new FTEs funded through the grant? .....
- 27 If yes, give the number by type for each year: Permanent .....
- 28 Amount of grants funds applied for in each year: Time-Limit .....
- 29 Amount of grants funds awarded in each year .....
- 30 Purpose of grant or amendment .....
- 31 Comments .....

|  |  |  |  |  |
|--|--|--|--|--|
| Department of Justice  |  |  |  |  |
| Legal  |  |  |  |  |
| David Kirkman  |  |  |  |  |
| 919-716-6033   |  |  |  |  |
| dkirkman@ncdoj.gov   |  |  |  |  |
| Governor's Crime Commission                                    |  |  |  |  |
| DOJ- Elder Fraud-Break Victimization Cycle: Enhancement - 2011 |  |  |  |  |
| 01/30/11   |  |  |  |  |
| 07/01/11   |  |  |  |  |
| 06/30/12   |  |  |  |  |
| New  |  |  |  |  |
| No   |  |  |  |  |
| 23600  |  |  |  |  |
| 2508   |  |  |  |  |
| Yes  |  |  |  |  |
| \$28,554.00  |  |  |  |  |
| Special or Trust Fund  |  |  |  |  |
| No   |  |  |  |  |
| No   |  |  |  |  |
| No   |  |  |  |  |
| No   |  |  |  |  |
| No   |  |  |  |  |
| Yes  |  |  |  |  |

|  |  | For 2011-12     |                        |          |             |
|--|--|-----------------|------------------------|----------|-------------|
|  |  | Complete either | Authorized or Proposed |          |             |
|  |  | SFY 2011-12     |                        |          |             |
|  |  | Actual          | Authorized             | Proposed | Proposed    |
| SFY 2010-11  |  |                 |                        |          |             |
|  |  | 1,000           |                        |          |             |
|  |  |                 | \$75,885.00            |          | \$66,885.00 |
|  |  |                 | \$75,885.00            |          | \$66,885.00 |
| This grant will enhance our current Elder Fraud grant by developing a filmed training program for new victim assistance volunteers and by funding 2 part-time investigators to assist repeat victims of home repair fraud and other scams. |  |                 |                        |          |             |

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